

Client Intake Form

Divorce

Information About You				
First Name	Middle Name	Last Name	Former/Maiden Name	
I do not want my former/maiden name restored. I want my former/ maiden name restored as follows:		Social Security Number	Driver License Number	State
Address		City	County	State ZIP
How long have you resided at your current residence?			County of Residence	
Date of Birth	Place of Birth	Employer		
Employer's Mailing Address		City	State	ZIP
Please indicate how our firm may securely contact you (<i>select all that apply</i>):				
Home phone	Work phone	Cell phone	E-mail	Home address
Home Phone	Work Phone	Cell Phone	E-Mail Address	

Information About Other Party				
First Name	Middle Name	Last Name	Former/Maiden Name	
Address		City	County	State ZIP
How long has your spouse resided at his/her current residence?			County of Residence	
Home Phone	Work Phone	Cell Phone	E-Mail Address	
Date of Birth	Place of Birth	Employer		
Employer's Mailing Address		City	State	ZIP

Information About Your Marriage		
Date of Separation	Date of Marriage	Place of Marriage - City and State, or Foreign Country

Children Born or Adopted by the Parties					
1.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		
2.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		
3.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		
4.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		

Health Insurance Information
<p>Please provide the following information relating to the health insurance in effect for the child(ren):</p> <p>Insurance company: _____ Who pays the premium? _____</p> <p>ID no.: _____ Type of policy: Employer Individual Other</p> <p>Group no.: _____ If 'other', provide description: _____</p> <p>Amount of monthly premium attributable to child(ren)'s coverage: _____</p>

Referral

Who referred you to GoransonBain Ausley: (please select one)

Advertisement Attorney Client Financial Advisor Internet Search Organization Realtor

Other(explain) _____

Referral's name or specific publication: _____

If possible, referral's e-mail address: _____

Payment

If you do not retain GoransonBain Ausley as your counsel today, payment in full is due at the conclusion of the consultation.

Initials

Acknowledgement

I understand and acknowledge that my personal information may be used and disclosed in conjunction with GoransonBain Ausley's representation of me. I hereby authorize GoransonBain Ausley to use and disclose my personal information. I understand that the information to be used and disclosed may include my Social Security number, driver license number, date of birth, financial account numbers, or any other sensitive personal information.

Signature